

TRANSMITTAL FORMAttorney Docket No.
SVL920030052US1/2863PIn re the application of: **Robbert C. VAN DER LINDEN**Confirmation No: **4213**Serial No: **10/648,499**Group Art Unit: **2165**Filed: **August 25, 2003**Examiner: **Radtke, Mark A.**For: **Method and System for Utilizing a Cache for Path-Level Access Control to Structured Documents Stored in a Database****ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appin	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				


CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	31	31	0	\$ 50.00	\$ 0.00
Independent Claims	5	5	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0466 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Erin C. Ming, Reg. No. 47,797
Signature	
Date	June 27, 2006

CERTIFICATE OF TRANSMISSIONI hereby certify that this correspondence is being transmitted to Examiner Mark A. Radtke via the USPTO-EFS on **June 27, 2006**.

Type or printed name	Jinny Nguyen
Signature	